10/634,303

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application of Cocket Marit

PD-02W216

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                 |                                |              |                  |                | SMALL ENTITY TYPE   |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|---------------------------------|--------------------------------|--------------|------------------|----------------|---------------------|------------------------|-------|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 6                               |                                |              |                  |                | RATE                | FEE                    |       | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED                    |                                | NUMBER EXTRA |                  |                | BASIC FEE           | 375.00                 | OR    | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 6 minus 20=                     |                                | . 0          |                  |                | X\$ 9=              |                        | OR    | X\$18=                        |                        |
| INDEPENDENT CLAIMS  |  |   | ) mi                            | nus 3 =                        | 0            |                  |                | X42=                |                        | OR    | X84=                          |                        |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM PI  | RESENT                          |                                |              |                  |                | +140=               |                        | OR    | +280=                         |                        |
| * If  | the difference                                 | in column 1 is  | less than zero, enter "0" in co |                                |              | olumn 2          | •              | TOTAL               |                        | OR    | TOTAL                         |                        |
| 4   | 13/150   | Colur   | nn 2)                           | (Column 3)                     |              | SMALL            | ENTITY         | OR                  | OTHER<br>SMALL I       |       |                               |                        |
| <b>AMENDMENT A</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                 |                                 | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |                | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 6   | Minus                           | 2                              | <i>0</i>     | =                |                | X\$ 9=              |                        | OR    | X\$18=                        |                        |
|   | Independent                                    | pendent + Minus *** ST PRESENTATION OF MULTIPLE DEPENDENT |                                 |                                | CLAIM        | =                |                | X42=                |                        | OR    | X84=                          |                        |
| _   |  |   |                                 |                                |              |                  | '              | +140=               |                        | OR    | +280=                         |                        |
|   |  |   |                                 |                                |              |                  | •              | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                 |                                |              |                  |                |                     |                        |       |                               |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                 |                                 | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA |                | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                           | **                             |              | =                |                | X\$ 9=              |                        | OR    | X\$18=                        |                        |
|   | Independent                                    | *   | Minus                           | ***                            |              | =                |                | X42=                |                        | OR    | X84=                          |                        |
| <b>-</b>  | FIRST PRESE                                    | NTATION OF MU   | JLTIPLE DEF                     | ENDENI                         | CLAIM        |                  | 1              | +140=               |                        | OR    | +280=                         |                        |
|   |  |   |                                 |                                |              |                  |                | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                 |                                |              |                  |                |                     |                        |       |                               |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                 |                                 | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |                | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                           | **                             |              | =                |                | X\$ 9=              |                        | OR    | X\$18=                        |                        |
|   | Independent                                    | *   | Minus                           | ***                            | CL AIM       | -                |                | X42=                |                        | OR    | X84=                          |                        |
| لسا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                 |                                |              |                  |                | +140=               |                        | OR    | +280=                         |                        |
| *   | f the entry in colu                            | mn 1 is less than the                                     | ne entry in colu                | mn 2, write                    | "0" in col   | umn 3.           | . L            | TOTAL               |                        | OR I  | TOTAL                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                 |                                |              |                  |                |                     |                        |       |                               |                        |
|   | ringinost (101)                                | ibor i reviously Fel                                      | טובטון וטובו ט                  | . weheud                       | end is als   | mignest numbe    | 51 1 <b>UU</b> | m in one app        | nothingle pay          | ni CO | will t.                       |                        |